CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commission 00088222	on Filers)	2 Total pages file 17	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Dayo David		MI	OFFICE U	SE ONLY
NAME		,			Date Received ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	02/26/2024	
		Aina				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or I	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	5919 Marble Bend Lane				Receipt #	Amount
Change of Address	Richmond, TX 77407				Date Processed	
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME		Grace				
	NICKNAME	LAST		SUFFIX		
		Aina				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT /	SUITE#; CITY;	STAT	ΓΕ; ZIP CODE
TREASURER ADDRESS	5919 Marble Bend Lane					
(Residence or Business)	Richmond, TX 77407					
	rusimona, 177 17401					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER PHONE	(832) 836-0246					
8 REPORT TYPE	January 15	30th day before	election R	unoff	15th day after cam	paign treasurer
	July 15	8th day before		xceeded modified	appointment (office Final Report (Attac	
	July 15	8th day before 6		porting limit	Final Report (Allac	II C/OH-FR)
9 PERIOD COVERED	Month Day Year	Τ.	IDOLICII	Month Day	Year	
l coveries	01/26/2024	In	IROUGH	02/24/2024	4	
10 ELECTION	ELECTION DATE		d	ELECTION TYPE	Other	
	Month Day Year 03/05/2024		rimary	Runoff	Other	
			eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I	:	12 OFFICE SOUGHT		
	None			State Representa	ative District 76	
	1		1			
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Aina, Dayo David			14 Filer ID 00088222	(Ethics Comn	nission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of particle candidate / officeholder. consent. Candidates and	he candidate's or offic	eholder's kno	wledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME							
	GENERAL								
	SPECIFIC								
		COMMITTEE CAMPA	AIGN TREASURER NAME						
		COMMITTEE CAMPA	AIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS			TRIBUTIONS (OTHER THAN ONTRIBUTIONS MADE ELEC		\$	0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OF	R GUARANTEES OF LOANS	i)	\$	1,550.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXP	ENDITURES		\$	0.00			
	4. TOTAL POLITIC	AL EXPENDITURES			\$	2,054.77			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE LA	AST DAY OF THE	\$	251.35			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	2,529.18			
17 AFFIDAVIT		tru	wear, or affirm, under penalty e and correct and includes al der Title 15, Election Code.						
			Da	ıyo David Aina					
			Signature of	Candidate or Officeho	older				
AFFIX NO	TARY STAMP / SEAL ABO	OVE							
Sworn to and subs	cribed before me, by the s	aid		, this the		_ day			
	, 20, to ce								
Signature of office	cer administering	Printed name of	officer administering	Title of office	er administerin	ng oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	COVER SHEET PG 3 3 of 17
18 FILER NAME Aina, Dayo David 19 Filer ID 0008822	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,550.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. X SCHEDULE E: LOANS	\$ 350.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,054.77
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/17		
2	FILER NAME Aina, Dayo D	David	3	Filer ID (Ethics Commission 00088222	on Filers)	
4	Date 02/10/2024	 Full name of contributor	7	Amount of Contribution (\$)	\$200.00	
		Amherst, MA 01002				
8	Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/17/2024	Full name of contributor out-of-state PAC (ID#:_Banjo, Sam Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00	
	Deire die alle access	Richmond, TX 77407	Faralassa (Caralassa trastica)			
	Principal occupation / Job title (See Instructions) Minister Employer (See Instructions)					
	Date 02/20/2024)		Amount of Contribution (\$)	\$250.00	
		Sugar Land, TX 77478				
	Principal occu Entrepreneu	pation / Job title (See Instructions) r	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Consultant)		

LOANS				SCHEDULE E
The Instruction	on Guide explains how to complete this f	orm.	ges Schedule E: 1 Rpt: 5/17	
2 FILER NAME Aina, Dayo Davi	d		3 Filer ID 000882	(Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS			\$
5 Date of loan 01/26/2024	7 Name of lender out-of-state PA Grace, Aina	C (ID#:)	9 Loan Amount (\$) \$350.00
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
No	Richmond, TX 77407			11 Maturity Date
12 Principal occupation Entreprenuer	on / Job title (See Instructions)	13 Employer (See Instructions Gfay Designs	5)	
14 Description of Coll X None	lateral	15 Check if personal funds we	ere deposited	into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City; State;	Zip Code		
20 Principal occupation	on	21 Employer (See Instructions	s)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide 6	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed abo	ve)
1	Total pages Schedule F1:	2 FILER NAM	ΛΕ				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 1/12 Rpt: 6/17	Aina, Day						00088222		
4	Date	5 Payee nam	e							
	02/19/2024	Amazon.c	om, Inc							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	ode					
	\$38.24	410 Terry	Avenue N							
		Seattle, T	X 98109							
8	PURPOSE OF	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Gift/Award	ds/Memorials Expense)		=		ide of Texas. Com , officeholder living	plete Schedule T.	
						Lapel Pins	, 17	, omcendaer nym	у схрепас	
9	Complete ONLY if direct	L Candidate/O	fficeholder name	Office sou	Jaht			Office he	eld	
	expenditure to benefit C/O			UU	-g					
	Date	Payee nam	e							
	02/01/2024	Anedot								
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$40.30	1340 Poy	dras Street							
		Suite 1770)							
		New Orlea	ans, LA 70112							
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees	(_	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE					ш		, officeholder living	g expense	
						Processing F	ee	S		
L	Complete ONLY if direct	Condidate/O	fficeholder name	Office sou	ıaht			Office he	old.	
	expenditure to benefit C/O		mcenoidei name	Office Soc	agrit			Office III	aiu	
	Date	Payee nam	ie							
	02/11/2024	Anedot								
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode					
	\$8.30	1340 Poy	dras Street							
		Suite 1770)							
			ans, LA 70112							
Н	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees	(outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE							, officeholder living	g expense	
						Processing fe	es			
\vdash	Complete ONLY if direct	Candidate/O	fficeholder name	Office	labt			Office he	ald	
	Complete ONLY if direct expenditure to benefit C/Ol		micentituel name	Office sou	ayııl			Onice no	ziu -	
_										
Ļ										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

sement Solicitation/Fundraising Expense

xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate Credit Card I	e/Officeholder/Politica Payment	al Committee Legal Services Salaries. The Instruction Guide explains how to c	-	es/Contract Labor ete this form.	OTHER (enter a	a category not listed above)
1 Total page:	s Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 2/1	2 Rpt: 7/17	Aina, Dayo David			00088222	
4 Date		5 Payee name				
02/19/202	24	Anedot				
6 Amount (\$))	7 Payee address; City; State; Zip C	ode			
	\$4.30	1340 Poydras Street				
		Suite 1770				
		New Orleans, LA 70112				
8 PURPO		(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDI		Fees		Check if travel outs		
				Check if Austin, TX Processing Fee		g expense
				1 Toccssing i ee	.3	
	ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ught		Office h	eld
expenditure	e to benefit C/O	Н				
Date		Payee name				
02/22/202	24	Anedot				
Amount (\$))	Payee address; City; State; Zip C	ode			
	\$10.30	1340 Poydras Street				
		Suite 1770				
		New Orleans, LA 70112				
PURPO		(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDI		Fees		Check if travel outs		
				Check if Austin, TX	(, officeholder livin	g expense
				Processing fee		
Complete (ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ught		Office h	eld
expenditure	e to benefit C/O	Н				
Date		Payee name				
01/26/202	24	ITC Educational and Cultural Foundation, Inc				
Amount (\$))	Payee address; City; State; Zip C	ode			
	\$350.00	11110 Bellaire Blvd				
		Ste 200				
		Houston, TX 77072				
PURPO		(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDI		Event Expense		Check if travel outs		
				Check if Austin, TX	(, officeholder livin	g expense
				Booth rental		
	ONLY if direct	Candidate/Officeholder name Office so	<u> </u>		Office h	eld
expenditure	e to benefit C/O	Н				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/12 Rpt: 8/17	Aina, Dayo David 00088222
4	Date	5 Payee name
	02/10/2024	Meta Platforms Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$2.00	1 Meta Way
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Facebook Ad
		1 deebook Ad
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	and the state of t
⊨	Data	
	Date	Payee name
L	02/10/2024	Meta Platforms Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	1 Meta Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Facebook Ad
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┡		
	Date	Payee name
	02/11/2024	Meta Platforms Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	1 Meta Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Facebook Ad
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above	ve)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 4/12 Rpt: 9/17	Aina, Dayo						00088222		
4	Date	5 Payee name	!							
	02/11/2024	Meta Platfo	orms Inc							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$2.00	1 Meta Wa	у							
		Menlo Park	c, CA 94025							
8	PURPOSE OF		See Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	Expense			=		de of Texas. Com , officeholder living	plete Schedule T. a expense	
						Facebook Ad		•		
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office h	eld	
	Date	Payee name	;							
	02/11/2024	Meta Platfo	orms Inc							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$2.00	1 Meta Wa	у							
		Menlo Park	x, CA 94025							
	PURPOSE OF		See Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	Expense			=		ide of Texas. Com , officeholder living	plete Schedule T.	
						Facebook Ad		, omeendaer nving	у схропос	
	Complete ONLY if direct expenditure to benefit C/Ol		iceholder name	Office so	I ught			Office he	eld	
F	Date	Payee name	1							
	02/12/2024	Meta Platfo								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$2.00	1 Meta Wa								
	, — · · · ·		,							
		Menlo Park	c, CA 94025							
	PURPOSE OF		See Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	Expense						plete Schedule T.	
						Facebook Ad		, officeholder living	g expense	
						1 accook 7 a				
\vdash	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	uaht			Office he	ald	
	expenditure to benefit C/OI		iocholaet Haiffe	Office 500	agrit			Onice III	Jiu	
\vdash										
L										

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/12 Rpt: 10/17	Aina, Dayo David 00088222
4	Date	5 Payee name
	02/12/2024	Meta Platforms Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	1 Meta Way
		Menlo Park, CA 94025
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Facebook Ad
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/13/2024	Meta Platforms Inc
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	1 Meta Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Facebook Ad
		I deebook Ad
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Daving marks
	02/13/2024	Payee name Meta Platforms Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	1 Meta Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Facebook Ad
		racebook Au
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Giff Committee Leg	od/Beverage Expense t/Awards/Memorials Expense gal Services ne Instruction Guide explains		pense ages/Contract Labor	Travel in Distr Travel Out of OTHER (enter	
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)
	Sch: 6/12 Rpt: 11/17	Aina, Dayo Da	avid			00088222	2
4	Date	5 Payee name					
	02/18/2024	Meta Platform	s Inc				
6	Amount (\$)	7 Payee address;	City; State,	; Zip Coo	le		
	\$3.00	1 Meta Way					
		Menlo Park, C	CA 94025				
8	PURPOSE OF		Categories listed at the top of this sch	edule)	(b) Description		overaleste Celevalula T
	EXPENDITURE	Advertising Ex	pense			outside of Texas. Co , TX, officeholder livi	
					Facebook Ad		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officel	holder name C	Office soug	ht	Office	held
\vdash	Date	Payee name					
	02/18/2024	Meta Platform	s Inc				
	Amount (\$)	Payee address;		; Zip Coo	le		
	\$5.00	1 Meta Way	on, siate,	, <u>-</u> .p Cot			
	45.00						
		Menlo Park, C	A 94025				
	PURPOSE OF		Categories listed at the top of this sch	edule)	(b) Description	=	
	EXPENDITURE	Advertising Ex	rpense		<u> </u>	outside of Texas. Co , TX, officeholder livi	
					Facebook Ad		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name C	Office soug	ht	Office	held
	Date	Payee name	o Ino				
	02/18/2024	Meta Platform					
	Amount (\$)	Payee address;	City; State;	; Zip Coo	le		
	\$7.00	1 Meta Way					
		Menlo Park, C	A 94025				
	PURPOSE	(a) Category (See C	Categories listed at the top of this sch	edule)	(b) Description		
	OF EXPENDITURE	Advertising Ex	pense			outside of Texas. Co , TX, officeholder liv	
					Facebook Ad		ווון כאףפווספ
	Complete ONLY if direct	Candidate/Office	holder name C	Office soug	ıht	Office	held
	expenditure to benefit C/O	1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

se Travel in District
nse Travel Out of Distri
es/Contract Labor OTHER (enter a ca

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 7/12 Rpt: 12/17	Aina, Dayo David 00088222	
4	Date	5 Payee name	
	02/19/2024	Meta Platforms Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$10.00	1 Meta Way	
		Menlo Park, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Facebook Ad	
		T docsook Ad	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Payee name	=
	02/19/2024	Meta Platforms Inc	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$15.00	1 Meta Way	
	Ψ10.00	I meta way	
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Facebook Ad	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_
	Date	Payee name	
	02/20/2024	Meta Platforms Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	1 Meta Way	
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Facebook Ad	
		Facebook Au	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
l			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 8/12 Rpt: 13/17	Aina, Dayo David 00088222	
4	Date	5 Payee name	
	02/21/2024	Meta Platforms Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.00	1 Meta Way	
		Menlo Park, CA 94025	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Facebook Ad	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/22/2024	Meta Platforms Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	1 Meta Way	
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Facebook Ad	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH			
	Date	Payee name	
	02/23/2024	Meta Platforms Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	1 Meta Way	
		Menlo Park, CA 94025	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Facebook Ad	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/12 Rpt: 14/17	Aina, Dayo David		00088222
4	Date	5 Payee name		
	02/23/2024	Meta Platforms Inc		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$20.00	1 Meta Way		
		Maril Bull ON OVOC		
_		Menlo Park, CA 94025		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Facebook Ad
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
_				
	Date 02/24/2024	Payee name Meta Platforms Inc		
			.1.	
	Amount (\$) \$20.00	Payee address; City; State; Zip Coo	ae	
	Φ20.00	1 Meta Way		
		Menlo Park, CA 94025		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, ia to ito ingpoi.io		Check if Austin, TX, officeholder living expense
				Facebook Ad
L	Complete ONLY if direct	Candidate/Officeholder name Office sour	nht.	Office held
	expenditure to benefit C/OI		JIIL	Office field
_	Date	Payee name		
	02/16/2024	Popeyes Louisiana Kitchen		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$49.09	6902 Grand Mission Blvd		
		Store #14249		
		Richmond, TX 77407		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				For Volunteers
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	thr	Office held
	expenditure to benefit C/OI		٠٠٠٠	5.1100 11010
l				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 10/12 Rpt: 15/17	Aina, Dayo David		0008822	.2
4	Date	5 Payee name		•	
	02/06/2024	The Home Depot			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$293.57	6850 S Fry Road			
		Katy, TX 77494			
8	PURPOSE OF	,	Description		
	EXPENDITURE	Advertising Expense		el outside of Texas. (tin, TX, officeholder li	Complete Schedule T.
			Road Signs		ang arpanes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	İ	Office	e held
	expenditure to benefit C/Ol	1			
	Date	Payee name			
	02/19/2024	Twilio			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$800.00	101 Spear Street			
		Suite 500			
		San Francisco, CA 94105			
	PURPOSE OF	, ,) Description		
	EXPENDITURE	Advertising Expense	\Box	el outside of Texas. C tin, TX, officeholder li	Complete Schedule T. iving expense
			Ш Messaging		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	İ	Office	held
	expenditure to benefit C/Ol	1			
	Date	Payee name			
	02/19/2024	Twilio			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	101 Spear Street			
		Suite 500			
		San Francisco, CA 94105			
	PURPOSE OF	, ,	Description Chack if trave	ol outside of Toyas (Complete Schedule T.
	EXPENDITURE	Advertising Expense		tin, TX, officeholder li	
			Messaging		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	<u> </u>	Office	e held
onponditure to betterit orett					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/12 Rpt: 16/17	Aina, Dayo David	00088222
4	Date	5 Payee name	
	02/19/2024	Twilio	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$30.00	101 Spear Street	
		Suite 500	
		San Francisco, CA 94105	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Messaging
			Wessaying
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/OI		Office field
	Data		
	Date 02/20/2024	Payee name Twilio	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	101 Spear Street	
		Suite 500	
		San Francisco, CA 94105	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Messaging
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/13/2024	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.85	225 Matlage Way	
		3	
		Sugar Land, TX 77478	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	2010 tation in analomy 2poines	Check if Austin, TX, officeholder living expense
			Postage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientale to beliefft C/OI	,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/12 Rpt: 17/17	Aina, Dayo David 00088222
4	Date	5 Payee name
	02/10/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.66	1515 3rd Street
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Uber ride
		Obel fide
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/23/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.16	1515 3rd Street
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Uber
		350 1
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		